

DRIVER'S VEHICLE INSPECTION REPORT

[As Required by the D.O.T. Federal Motor Carrier Safety Regulations].

Driver's Name: _____

Address: _____

Date: _____ Time: _____ A.M. _____ P.M. _____

Vehicle No.: _____ Odometer Reading: _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS."

- | | | |
|--|---|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Reflectors |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Safety Equipment and Seat Belts |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Flag-Flares-Fuses |
| <input type="checkbox"/> Body | <input type="checkbox"/> Generator | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Body Damage | <input type="checkbox"/> Head Lights | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Horn | <input type="checkbox"/> Stop Lights |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Level | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Check Oil | <input type="checkbox"/> Mud Flaps | <input type="checkbox"/> Tail Lights |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Other | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Placards | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Drive line | <input type="checkbox"/> Radiator Fluid | <input type="checkbox"/> Turn Indicators |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Exhaust | <input type="checkbox"/> Rear End | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Reflective Triangles | <input type="checkbox"/> Windshield Wipers |

TRAILER(S) No(s): _____

Brake Connections
 Brakes
 Coupling Devices
 Coupling (King) pin

Doors
 Hitch
 Landing Gear Lights--All
 Other

Suspension
 System Tarpaulin
 Tires
 Wheels and Rims

Remarks:

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature: _____ Date: _____

BELOW TO BE COMPLETED BY FLEET MANAGEMENT AS REQUIRED

<input type="checkbox"/> ABOVE DEFECTS CORRECTED <input type="checkbox"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE <input type="checkbox"/> WORK ORDER NUMBER REQUIRED _____
FLEET REPRESENTATIVE SIGNATURE _____ DATE _____
DRIVER'S SIGNATURE _____ DATE _____

POLICE AND FIRE MAY USE THIS FORM OR A REVISED FORM SPECIFIC PER THEIR DEPARTMENT S.O.P.